

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |   |                             |          |   |   |    |   |   |   |   |
|--|-----------------------------------|---|-----------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>1/6/05</u>   |                                   | 2 Serial/Patent # <u>10/690,459</u>   |                             |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED             | 6 AMOUNT |   |   |    |   |   |   |   |
|  | Filing                            |   |                             | \$       |   |   |    |   |   |   |   |
|  | Amendment                         |   |                             | \$       |   |   |    |   |   |   |   |
|  | Extension of Time                 |   |                             | \$       |   |   |    |   |   |   |   |
|  | Notice of Appeal/Appeal           |   |                             | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | Petition                          | —   | 11/15/04                    | \$ 130   |   |   |    |   |   |   |   |
|  | Issue                             |   |                             | \$       |   |   |    |   |   |   |   |
|  | Cert of Correction/Terminal Disc. |   |                             | \$       |   |   |    |   |   |   |   |
|  | Maintenance                       |   |                             | \$       |   |   |    |   |   |   |   |
|  | Assignment                        |   |                             | \$       |   |   |    |   |   |   |   |
|  | Other                             |   |                             | \$       |   |   |    |   |   |   |   |
|  |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND |          |   |   |    |   |   |   |   |
|  |                                   |   | \$ 130                      |          |   |   |    |   |   |   |   |
| 8 TO BE REFUNDED BY:   |                                   |   |                             |          |   |   |    |   |   |   |   |
|  |                                   | Treasury Check  |                             |          |   |   |    |   |   |   |   |
|  |                                   | Credit Deposit A/C #:   |                             |          |   |   |    |   |   |   |   |
|  |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">4</td> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> </tr> </table> |                             |          | 1 | 5 | -- | 0 | 4 | 5 | 0 |
| 1  | 5                                 | --  | 0                           | 4        | 5 | 0 |    |   |   |   |   |
| 10 REASON:   |                                   |   |                             |          |   |   |    |   |   |   |   |
|  | Overpayment                       |   |                             |          |   |   |    |   |   |   |   |
|  | Duplicate Payment                 |   |                             |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | No Fee Due (Explanation):         |   |                             |          |   |   |    |   |   |   |   |
| <p style="font-size: 1.2em;"><i>No fee is required for this petition under 37CFR 1.10(d)</i></p> |                                   |   |                             |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY: <u>C. T. Donnell</u>   |                                   |   |                             |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>C. T. Donnell</u>   |                                   | TITLE: <u>Pet. Atty</u>   |                             |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>C. T. Donnell</u>  |                                   | PHONE: <u>272-3211</u>  |                             |          |   |   |    |   |   |   |   |
| OFFICE: <u>4700</u>  |                                   |   |                             |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****  |                                   |   |                             |          |   |   |    |   |   |   |   |
| APPROVED: <u>Han Le</u>  |                                   | DATE: <u>1/7/05</u>   |                             |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*